Unit 15: Caring for Individuals with Dementia – Case Studies

Case 1: Dr. Iqbal Afzal

Dr. Iqbal Afzal is a 76-year-old widower and has vascular dementia. Iqbal has recently moved from his own house to a residential accommodation as his symptoms have increased. He would frequently turn on the gas rings on his cooker and forget to light them. He was also becoming confused about money, declaring that he was penniless which was not true. Iqbal frequently became irritable, shouting at the nurses who came to support him. He also accused them of being intruders who had come to rob him.

His son and daughter-in-law have a child with additional needs who requires full-time care and so could not manage to provide the level of support needed by Iqbal.

Iqbal has now been admitted to the Red Rooves Residence where the staff have produced a care plan, centred on Iqbal and incorporating information provided by his son, with regard to his interests, likes and dislikes, including diet, hobbies and any issues which tend to trigger his irritability.

Iqbal retains an interest in medical matters and the staff have introduced him to Ahmed who is also a retired medical practitioner. Together, they discuss old cases and share the medical magazines brought in by Iqbal's son when he comes to visit. Iqbal has a television in his room, where he can watch documentaries, and a desk where he can make notes following discussions with Ahmed.

As Iqbal has general forgetfulness, it is important that the staff ensure his safety. For example, ensuring that he takes his medication, rather than placing the tablets into his hand and walking away. Iqbal likes to buy things from the local shop when out walking with a member of staff. As he cannot manage his money, the staff member helps him to count it out, but does not take over.

Iqbal likes to walk in the residence garden and sit and read there. The staff ensure that he is not disturbed but keep the gate securely locked to prevent Iqbal wandering into the road beyond the garden. Iqbal does not sleep well and is often restless in the early hours. There are several staff on duty overnight, and one will sit with Iqbal until he falls asleep.

Iqbal prefers to be called by his title (Doctor) and the staff have all agreed to this and it is included in his care plan.

Case 2: Mrs. Anjeela Johal Kaur

Anjeela Johal is 68-years-old and has Alzheimer's disease. Anjeela is a practicing Sikh and her religious practices are important to her. Anjeela attends the

Gurdwara (temple) every week, accompanied by her two sons, her daughters-in-law and their children. Recently Anjeela attended a special celebration at the Gurdwara with her family. At the end of the ceremony, one of her grand-children looked to where Anjeela had been sitting and found that she was no longer there. Anjeela was found several yards away, at the site of her previous home, looking for her husband who had died last year.

There have also been other instances where Anjeela has become lost in familiar places and is now developing mood swings where she varies from happy to angry and is difficult to manage. The family have discussed Anjeela with the family G.P. and have decided that she would be better cared for in a residential setting. Anjeela has agreed to this but is unhappy about leaving her family home.

Anjeela has now moved to the Ashfold Residence where the staff are fully trained to support her.

The manager of the residence has met with Anjeela and her family to discuss the care and support required to ensure that Anjeela still achieves a high quality of life. The family have informed the manager of Anjeela's dietary preferences, her interests, and likes and dislikes. The family have also shared some of Anjeela's history including her marriage, her work as a teacher and medical conditions, where she has type-2 diabetes and an allergy to penicillin.

It has been agreed that one of her sons will collect her on Sunday mornings and drive her to the Gurdwara. It has also been agreed that if no one in the family is available, due to holidays or illness, then one of the staff will accompany Anjeela to ensure that she is able to follow her religious practices.

Anjeela was present at all planning stages and her opinions respected. She did become distracted and forgetful in the sessions, and information gaps were filled by the family. Anjeela was informed about decisions and appeared to be in agreement. The family have brought pictures from home to place on the walls of Anjeela's room in the residence and a CD player, so that she can listen to traditional music.

The residence celebrates all of the major festivals from the major faiths and Anjeela was supported in making and distributing food for tasting to the other residents during Diwali.

Anjeela has been provided with photographs of the family and her career as a teacher and loves to chat to the other residents about the children she taught. She sometimes becomes confused and appears to forget where she is. The staff remind Anjeela that she now lives in the residence, using her preferred title of Mrs Johal Kaur.

Case 3: Dr. Fatima Daud

Fatima Daud is 65 years old and has frontotemporal lobe dementia. Fatima was a university lecturer in environmental sciences before retiring due to progressive ill health and was diagnosed as having frontotemporal lobe dementia at the age of

56. Frontotemporal lobe dementia is one of the most common forms of early-onset dementia.

Fatima now lives in a small residential unit in a rural area. Fatima has a niece and nephew who visit her regularly and have been involved in all planning discussions. They have provided the manager with a scrapbook of photographs to support Fatima's memory when she talks about her life. The staff use the scrapbook when supporting Fatima to reminisce about happy events in her life.

Due to her form of dementia, Fatima has lost some of her inhibitions and will often speak bluntly to other residents about their perceived bad habits, which can cause distress.

Fatima finds organisation difficult and needs help with dressing as she may attempt to dress in the wrong order, for example putting her stockings on over her shoes. The staff do offer assistance but are keen not to force Fatima to accept help, allowing her to make decisions as much as possible.

Fatima has difficulty swallowing food and is provided with nutritious drinks in addition to meals processed in a food blender. Her medication must either be crushed and mixed with a drink or delivered as a liquid, in order for Fatima to swallow this.

Fatima becomes frustrated by her illness as she forgets simple words and becomes angry when someone adds words when she is talking, informing them that she is 'not stupid'.

Fatima has lost her ability to empathise with others and often laughs when another resident falls or is unhappy. Fatima is not unhappy and often smiles without apparent reason.

Fatima was a keen gardener before her illness but now lacks motivation. The residence has a garden which is surrounded by walls and a secure gate. Fatima likes to walk in the garden but is easily distracted and forgets where she is.